



McDonough Holland & Allen PC  
Attorneys at Law

## Fax Cover Sheet

Michelle L. Samonek  
Attorney at Law

Office Sacramento  
tel 916.444.3900  
fax 916.325.4587

August 27, 2004

| TO                 | COMPANY  | FAX NO.   | PHONE NO. |
|--------------------|--|---|-----------|
| Attn: Deborah Ware | U.S. Patent and Trademark Office   | (703) 872-9306  |           |
| RE                 | U.S. Patent Application No. 09/966,982<br>Title: Novel Strain of Streptomyces for<br>Controlling Plant Diseases<br>Applicant: Lehman, Lori J., et al.<br>MHA Reference: 34373/0140 | NUMBER OF PAGES SENT 12<br>ORIGINAL/COPY WILL NOT BE MAILED |           |

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|   |                      |                        |            |
|---|----------------------|------------------------|------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/966,982             |            |
|   | Filing Date          | September 27, 2001     |            |
|   | First Named Inventor | Lori J. Lehman         |            |
|   | Art Unit             | 1651                   |            |
|   | Examiner Name        | Deborah J. Lehman      |            |
| Total Number of Pages in This Submission  | 11                   | Attorney Docket Number | 34373/0140 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment and Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): _____ |
| Remarks   |  |   |

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| Firm Or Individual name | Michelle L. Samonek        |
| Signature               | <i>Michelle L. Samonek</i> |
| Date                    | 8-27-04                    |

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| Typed or printed name | Connie Evenich        |
| Signature             | <i>Connie Evenich</i> |
| Date                  | 8-27-04               |

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